## REPORT TO CITY CLERK SPECIAL DESIGNATED LICENSE APPLICATION

Police City Attorney	DATE: 5/3/02
Bureau of Fire Prevention	5/17
Health Dept.	RETURN BY: 6/03/02
CATERER	NON-CATERER X
APPLICANT: COREY FLETCHER DBA MAHONEY GO	OLF COURSE
APPLICANT'S ADDRESS: 7900 ADAMS LINCOLN NE	68507
ADDRESS OR LOCATION OF PREMISES TO BE COVER INCLUDING DRIVING RANGE, PARKING LOTS, AND	
DATE(S) OF EVENT: <b>SEPTEMBER 29, 2002</b>	
TIME(S) OF EVENT: 8 AM TO5_ PM	
TYPE OF ACTIVITY: GOLF TOURNAMENT	
DETAILS ON ATTACHED APPLICATION.	
RECOMMENDATION OF APP	ROVAL OR DENIAL
=	
APPROVED	
CONDITIONS	
DENIED	
REASON(S) FOR	
Tutal 843	5-6-02
Signature	Date

(SDLRPT.JER)

#### SE TYPE OR PRINT LICANT MUST COMPLETE SECTIONS OF THIS FORM

### APPLICATION FOR SPECIAL DESIGNATED LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION P.O. Box 95046, Lincoln NE 68509 465

p2-048974

## LL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

and the state of the event	
All Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event	
Complete and return THE ORIGINAL WITH A DUPLICATE to the Neotable Liquid Contact Commission	
A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day	
TINCAL APPROVAL must be included with this application	
	deral
Income taxes, or a copy of the corporation's federal income tax return, as filed with the IRS, or a statement (Page 3) signed by an o	fficer
of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS	
	<del></del>
1. Type of Beverage(s) to be served: Beer	<del></del>
2. Status of the Applicant (check one)	
— — — □ D D D D D D D D D D D D D D D D	
Municipal Delitical Deliti	
Composition Composition Miscolin Composition Corporation -	
3. Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number A - 47231	
(City, State, County Number, Zip Code)  And Class (Example C/K)	
Con Flatcher	
7900 Adams	
Lincoln Wit 68507 MAHONEY CLOSER COURSE	
4. Address or location of premises to be covered by license, (City, County Number, Zip Code)	
SAME SAME	7
5 to this PDEMISE appears by licensed under the Nebraska Liquor Control Act? YES NO	_
5. Is this PREMISE currently licensed under the Nebraska Liquor Control Act? YES UNO	-
	<del></del>
6. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.	
Sho KNOX LINCOLD, NE 68507	
Con Fletchen 5110 KNOX LINCOLN, NE 68507	
The second state of the primary event supervisor, who will actually be present at the location of the even	i when
it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable	a laws.
it occurs, that can be contacted by law efficient below and under such as a page 7.	
ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.	
Cory Flerence @ 402-441-8969 @ 402-140-1028 @ 402-464-7401	
DIM LEGITAR - 402 - 402 - 10 to	
8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)  SUNDAY  SEPTEMBER 29, 2002 * As PER OFFICER FOSLER  SUNDAY  SEPTEMBER 29, 2002 * As PER OFFICER FOSLER  SUNDAY  SEPTEMBER 29, 2002 * As PER OFFICER FOSLER  SUNDAY  SEPTEMBER 29, 2002 * As PER OFFICER FOSLER  SUNDAY  SEPTEMBER 29, 2002 * As PER OFFICER FOSLER  SUNDAY  SEPTEMBER 29, 2002 * As PER OFFICER FOSLER  SUNDAY  SEPTEMBER 29, 2002 * As PER OFFICER FOSLER  SUNDAY  SEPTEMBER 29, 2002 * As PER OFFICER FOSLER  SUNDAY  SEPTEMBER 29, 2002 * As PER OFFICER FOSLER  SUNDAY  SEPTEMBER 29, 2002 * As PER OFFICER FOSLER  SUNDAY  SEPTEMBER 29, 2002 * As PER OFFICER FOSLER  SUNDAY  SEPTEMBER 29, 2002 * As PER OFFICER FOSLER  SUNDAY  SEPTEMBER 29, 2002 * As PER OFFICER FOSLER  SUNDAY  SEPTEMBER 20, 2002 * As PER OFFICER FOSLER  SUNDAY  SEPTEMBER 20, 2002 * As PER OFFICER FOSLER  SUNDAY  SEPTEMBER 20, 2002 * As PER OFFICER FOSLER  SUNDAY  SEPTEMBER 20, 2002 * As PER OFFICER FOSLER  SUNDAY  SEPTEMBER 20, 2002 * As PER OFFICER FOSLER  SUNDAY  SEPTEMBER 20, 2002 * As PER OFFICER FOSLER  SUNDAY  SEPTEMBER 20, 2002 * As PER OFFICER FOSLER  SUNDAY  SUNDAY  SEPTEMBER 20, 2002 * As PER OFFICER FOSLER  SUNDAY  SEPTEMBER 20, 2002 * As PER OFFICER FOSLER  SUNDAY  SEPTEMBER 20, 2002 * As PER OFFICER FOSLER  SUNDAY  SEPTEMBER 20, 2002 * As PER OFFICER FOSLER  SUNDAY  SEPTEMBER 20, 2002 * As PER OFFICER FOSLER  SUNDAY  SEPTEMBER 20, 2002 * As PER OFFICER FOSLER  SUNDAY  SEPTEMBER 20, 2002 * AS PER OFFICER FOSLER  SUNDAY  SEPTEMBER 20, 2002 * AS PER OFFICER FOSLER  SUNDAY  SEPTEMBER 20, 2002 * AS PER OFFICER FOSLER  SUNDAY  SEPTEMBER 20, 2002 * AS PER OFFICER FOSLER  SUNDAY  SEPTEMBER 20, 2002 * AS PER OFFICER FOSLER  SUNDAY  SEPTEMBER 20, 2002 * AS PER OFFICER FOSLER  SUNDAY  SEPTEMBER 20, 2002 * AS PER OFFICER FOSLER  SUNDAY	_
1 SE-FINGER 29, 2002 & AS DER OFFICER HOSLE	~
SUNDAY DEPTENTS OF THE PROPERTY OF THE PROPERT	
PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:	
9. Time(s) of event (example 8am to 1am, this is considered one day)	
——————————————————————————————————————	
FROM: 800 Am TO: \$100 p.m.	
10. Describe the Time of Activity to be carried on during the time period for which the license is requested.	<b>.</b> .
11. Provide an estimated number of attendees at this event 120 . If the number of attendees is over 250 attach a separate page	,e
11. Provide an estimated number of attendees at this event	
indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.	
12. PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICH	[EVE]
12. PLEASE ATTACH A SIGNED STATEMENT FROM FOCK ESCALISTICAL STATEMENT, AND IF IS APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF	THE.
IS APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INTORNIED IN THE STATE OF THE ST	
ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR. OK for footed 843	
13. List the number of SDL's that you have applied for at this specific location in the last six months.	
and the second s	

UNDER HEBRASIA	
4. Description of the premises: Inside Building Outdoor Area	
4. Description of the premises: A Inside Building  Please draw in the space provided	below, the area where
Dimensions of area to be covered by license: x WIDTH (In feet) liquors will be sold and consumed.	
ENTINE GOIF COUNSE,	
PARKING LOTS, AND ALL	(if other, please explain)
FENCED TN AND Annual from greas open to the general public? Li Fence	(11 001011   11 11 11 11 11 11 11 11 11 11 11 11
If outdoor area, now will premises be separated and	YES - NO
he award by the license located within the city/village limits?	
15. Is the premises to be covered by the license located within the city/village limits?	or indigent persons
or for veterans, their wives or children?	
a serail licensee, please give the	name and needse number.
17. Explain how alcoholic liquors will be purchased by the licensee. If purchased from a relative description of the literature of the lit	( (tocac)
DIECTH FROM CHERENT WHOLESALE INSTRUCTION	XYES DNO
18. Will the premises to be covered by the license comply with all Nebraska sanitation laws?	
18. Will the premises to be covered by the ficetise compay	ZVES □NO
1	
19. Are there separate toilets for both men and women?	
20. Other information or requests by the applicant:	
<i>■</i>	
21. Will there be any games of chance operating during the event? TYES ONO	pired. All other forms of
21. Will there be any games of chance operating during the event? TYES TNO  NOTICE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are perugambling are prohibited by State Law: There are no exceptions for Non Profit Organizations. This is only a gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations.	application for a Special
NOTICE: Only games of chance approved by There are no exceptions for Non Profit Organizations. This is only	
gambling are prohibited by State Law: There are no exceptions for trouble application.  Designated License under the Liquor Control Act and is not a gambling permit application.  22. I declare that I am the authorized representative of the above named license applicant and that the statements made and the statements are consistent to an investigation of my background including all records of the light of	e on this application are true
Designated License under the Liquor Control Act and Designated License applicant and that the statements made 22. I declare that I am the authorized representative of the above named license applicant and that the statements made 22. I declare that I am the authorized representative of the above named license applicant and that the statements made 22. I declare that I am the authorized representative of the above named license applicant and that the statements made 22. I declare that I am the authorized representative of the above named license applicant and that the statements made 22. I declare that I am the authorized representative of the above named license applicant and that the statements made 22. I declare that I am the authorized representative of the above named license applicant and that the statements made 22. I declare that I am the authorized representative of the above named license applicant and that the statements made 22. I declare that I am the authorized representative of the above named license applicant and that the statements made 22. I declare that I am the authorized representative of the above named license applicant and that the statements made 22. I declare that I am the authorized representative of the above named license applicant and that the statements made 22. I declare that I am the authorized representative of the above named license applicant and that the statements made 22. I declare that I am the authorized representative of the above named license applicant and that the statements made 22. I declare that I am the authorized representative of the above named license applicant and that the statements are also applicant and the above named license applicant and that the statements are also applicant and the above named license applicant and the above n	every kind including police
22. I declare that I am the authorized representative of the above transfer and including all records of to the best of my knowledge and belief. I also consent to an investigation of my background including all records to the best of my knowledge and belief. I also consent to an investigation of my background including all records to the best of my knowledge and belief. I also consent to an investigation of my background including all records of the best of my knowledge and belief. I also consent to an investigation of my background including all records of the best of my knowledge and belief. I also consent to an investigation of my background including all records of the best of my knowledge and belief. I also consent to an investigation of my background including all records of the best of my knowledge and belief. I also consent to an investigation of my background including all records of the best of my knowledge and belief. I also consent to an investigation of my background including all records of the best of my knowledge and belief. I also consent to an investigation of my background including all records of the best of my background including all records of the best of my background including all records of the best of my background including all records of the best of my background including all records of the best of my background including all records of the best of my background including all records of the ba	ska State Patrot or any outer
to the best of my knowledge and belief. I also consent to all in the Nebraska Liquor Control Commission, the Nebraska Liquor Control Commission, the Nebraska State Patrol. I further declar individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declar individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declar individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declar	that the illetine applied to
records. I agree to waive any rights or causes of action against the Nebraska State Patrol. I further decial individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further decial individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further decial individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further decial individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further decial individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further decial individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further decial individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further decial individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further decial individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further decial individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further decial individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol Commission or the	Alli ne arber de al bassa
will not be used by any other person, group, organization of the Special Designated License.	
will not be used by any other person, group, or garden License. directly responsible to the holder of this Special Designated License.	- 1- 1
his Vanassina Marian	EL 4/24/02_
sign Title	Date
here Authorized Representative Applicant	1 1
Conflances na Manag	En 4/24/02
here Com J. T. Ettern Title	Date
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Supervisor  Supervisor  Supervisor  Supervisor  Supervisor  Supervisor	ithout the approval of the location the particular place for whi
The second of th	The Markshall Dates ""

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

In Compliance with ADA, this form is available in other formats for persons with disabilities.

The Special Designated License process is not intended to be used as a means to expand the existing licensed premise.

Name of Event: LMGA TUCKEY SHOOT - DRAWGE BALL
Applicant and Sponsoring Organization or Person (if applicable):
Date of Event: SEPTEUDEN 29, 2012 Time of Event: 8:00 mm 5:00 p.m.
Has the applicant applied for and received liquor liability insurance? X Yes No
Number of persons expected to attend: /20 Number of persons under 21 expected:
How will you ensure that minors will not be served or consume beverages containing alcohol:
Will food be served? X Yes No If yes, please list food to be served: General Course menu items: SANGUICHES, HOT DOGS, CANDY, FRUIT, CHIPS, NACHOS
Will non-alcoholic beverages be served: Yes No If yes, please list non-alcoholic beverages to be served: PtP TEA NATER , CEUNADE , POWERAND
Please identify the beverages containing alcohol that will be served: WineX Beer Distilled Spirits
Will this be a cash or complimentary bar? X Cash Complimentary
Who will serve the beverages containing alcohol? SANDINA BICHENA CONFICENCE I surge State Have the designated servers received responsible beverage service training? X Yes No
Will there be a charge for admission? YesX No
In the last 12 months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? YesX No If so, explain:
PLEASE USE REVERSE TO PROVIDE A DRAWING
4/30/02
Applicant's Signature Date

## REPORT TO CITY CLERK SPECIAL DESIGNATED LICENSE APPLICATION

Police City Attorney	DATE: 5/3/02
Bureau of Fire Prevention	DITE. 3.3.42
Health Dept.	RETURN BY:5/17/02
CATERER	NON-CATERER X
APPLICANT: COREY FLETCHER DBA MAHONEY GOLF	COURSE
APPLICANT'S ADDRESS: 7900 ADAMS LINCOLN NE 68507	
ADDRESS OR LOCATION OF PREMISES TO BE COVERED EINCLUDING DRIVING RANGE, PARKING LOTS, AND AL	
DATE(S) OF EVENT: <b>AUGUST 10, 2002 (RAIN DATE: 8/11/02</b>	2)
TIME(S) OF EVENT: 8 AM TO 9 PM SUN: 12 PM - 9 PM	
TYPE OF ACTIVITY:MAHONEY DAYS	
DETAILS ON ATTACHED APPLICATION.	
RECOMMENDATION OF APPROV	AL OR DENIAL
Afail APPROVED	
CONDITIONS	
DENIED	
REASON(S) FOR	
1mf L 4813	5-6-02
Signature	Date

(SDLRPT.JER)

# PLEASE TYPE OR PRINT APPLICANT MUST COMPLETE ALL SECTIONS OF THIS FORM

### APPLICATION FOR SPECIAL DESIGNATED LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION P.O. Box 95046, Lincoln NE 68509

Hut

A2-048977

### ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

All Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event
3. Complete and return THE ORIGINAL WITH A DUPLICALE to the Nebraska Eliquor Control Continues continues to the
3. A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day
TIOCAL APPROVAL must be included with this application
make: teach and the Pariso Chief or County Should (0) 65100 5141
a Managa and Candan Atlan Milet include a letter from the LKS deciding that the Collegianus is completed by more of twenty.
income tax return and appropriation's federal income tax return, as then with the tax, or a statement (1 age 5) signed by an other
of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS
1. Type of Beverage(s) to be served: Beer
2. Status of the Applicant (check one)
Municipal Definical Define And Definition Definition Definition
Corporation (orporation Museum Corporation Corporation
3. Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number (City, State, County Number, Zip Code)  And Class (Example C/K)
Corrected
TROO Adams Lineoin, NE 68507 MAHONEY GOIF Course
4. Address or location of premises to be covered by license, (City, County Number, Zip Code)
SAME F 89
5. Is this PREMISE currently licensed under the Nebraska Liquor Control Act? X YES NO
6. Name and Address of owner or lessee and name of principal occupant of the premises for which the licenses requested.
o. Traine and Address of owner of leases and mains of principal or pri
COM FLETCHER 5110 KNOX LINCOLN, HE 1950 to 151
The state of the printer even and the printer even are the printer even and the source of the source
it occurs that can be contacted by law enforcement before and during the event, and who is responsible for clisturing that any support
ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.
Monk CELL BURGE 74401
ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.  ON CERMEN Q 402-441-8969 @ 402-540-1028 402-464-7461  8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
SATURDAY AUGUST 10th - SUNDAY AUGUST 11, 2002
PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:
9. Time(s) of event (example 8am to 1am, this is considered one day)
FROM: X DT. Am. TO: 9:00 p.m. 12:00p.m.
FROM: 8.CLAM TO: 9.CO p. M. 12.CCp M - 7.CCp M
10. Describe the Type of Activity to be carried on during the time period for which the license is requested.
11. Provide an estimated number of attendees at this event 200 perday. If the number of attendees is over 250 attach a separate page
indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.
12. PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVEL
TO LODI TO A DE TOTATE OCALE ANY ENTODOEMENT HAN BEEN INFORMED IN ADVANCE OF EMPLY AND A TOTAL AND A T
ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR. Rev. 4843
13. List the number of SDL's that you have applied for at this specific location in the last six months.
15. List the number of SDL's that you have applied for at all specific feeting at the feeting at

UNDER NEDICASIA C	
NA Description of the premises:  Inside Building  Outdoor Area	;
14. Description of the premises:  Inside Building  U Outdoor 74 54	Please draw in the space provided below, the area where
Dimensions of area to be covered by license: x	(In feet)
ENTINE GOLF COUNSE THOUSING DRIVING PANGE,	
PARKING LOTS, AND ALL FENCED IN AREAS	public? Sence Tent Other (if other, please explain)
If outdoor area, now will premises be supplied.	X YES □ NO
15 I also remained to be covered by the license located within the city/village	limits?
15. Is the premises to be covered by the license located within the city/village 16. Is the premises to be covered by the license within 150 feet of any churc or for veterans, their wives or children?	h, school, hospital, or home for the aged or indigent persons
or for veteralis, then wites of the	- d licence number
17. Explain how alcoholic liquors will be purchased by the licensee. If purchased	ised from a retail licensee, please give the name and incense number
18. Will the prefinacion be easier to	EYES DNO
18. Will the premises to be covered by the necesser comp.  19. Are there separate toilets for both men and women?	
20. Other information or requests by the applicant:	
21. Will there be any games of chance operating during the event? DYES NOTICE: Only games of chance approved by the Department of Revenue Notice: Only games of chance approved by the Department of Revenue Notice: Only games of chance approved by the Department of Revenue Notice: Only games of chance approved by the Department of Revenue Notice: Only games of chance approved by the Department of Revenue Notice: Only games of chance approved by the Department of Revenue Notice: Only games of chance approved by the Department of Revenue Notice: Only games of chance approved by the Department of Revenue Notice: Only games of chance approved by the Department of Revenue Notice: Only games of chance approved by the Department of Revenue Notice: Only games of chance approved by the Department of Revenue Notice: Only games of chance approved by the Department of Revenue Notice: Only games of chance approved by the Department of Revenue Notice: Only games of chance approved by the Department of Revenue Notice: Only games of chance approved by the Department of Revenue Notice: Only games of chance approved by the Department of Revenue Notice: Only games of chance approved by the Department of Revenue Notice: Only games of Chance approved by the Department of Revenue Notice: Only games of Chance approved by the Department of Revenue Notice: Only games of Chance approved by the Department of Revenue Notice: Only games of Chance approved by the Department of Revenue Notice: Only games of Chance approved by the Department of Chance approved by the Depar	n Profit Organizations. This is only an apparation
gambling are prohibited by State Law: There are no exceptions for the Designated License under the Liquor Control Act and is not a gambling Designated License under the Liquor Control Act and is not a gambling.	g permit application.
pambling are prohibited by State Law: Their and is not a gambling Designated License under the Liquor Control Act and is not a gambling 22. I declare that I am the authorized representative of the above named licent to the best of my knowledge and belief. I also consent to an investigation of the best of my knowledge and belief. I also consent to an investigation of the best of my knowledge and belief.	ise applicant and that the statement of every kind including police
22. I declare that I am the authorized representative of the an investigation of to the best of my knowledge and belief. I also consent to an investigation of the best of my knowledge and belief. I also consent to an investigation of the Liquor Control Commission of the Control Control Commission of the Control Con	I liquor Control Commission, the Nebraska State Patrol or any other
to the best of my knowledge and benefit. Talso constitute the Nebraski records. I agree to waive any rights or causes of action against the Nebraski individual releasing said information to the Liquor Control Commission or tindividual releasing said information group, organization or corporation for	he Nebraska State Patrol. I further declare that the ticense applied to
records. I agree to waive any rights of causes of action of a individual releasing said information to the Liquor Control Commission or the individual releasing said information to the Liquor Control Commission or the individual releasing said information to the Liquor of this Special Designated License.	profit or not for profit and that the event will be supervised by personne
will not be used by any other person, group, or games and License. directly responsible to the holder of this Special Designated License.	
directly responsible to the holder of this opposition	
sign ( detroque	Manager 4/24/00
here Authorized Representative/Applicant	Title /
Audiona	P. D. Malana 4/24/02
here the Carres	Title Date
Supervisor	
	tion shall be issued by the Commission without the approval of the local

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

In Compliance with ADA, this form is available in other formats for persons with disabilities.

The Special Designated License process is not intended to be used as a means to expand the existing licensed premise. Name of Event: MALLOWEL Applicant and Sponsoring Organization or Person (if applicable): \_\_\_\_ Date of Event: August 10-11 Time of Event: Saturday 8100anto 9.00p u Has the applicant applied for and received liquor liability insurance? 25-50 Is the event open to the public?  $\times$  Yes \_\_\_\_\_ No How will you ensure that minors will not be served or consume beverages containing alcohol: TRAINED Employees and Food Beware Manager on July ATALL TIMES. I.D. checks for ALL persons in question Will food be served? X Yes \_\_\_\_ No If yes, please list food to be served: General Course mens items: SANDWICHES, HOT DOGS, CANDY, FRUIT, CHIPS, NACHOS Yes \_\_\_ No If yes, please list non-TEA, WATER, CELONDE, POWERALD Will non-alcoholic beverages be served: alcoholic beverages to be served: Pop Please identify the beverages containing alcohol that will be served: Wine X Beer \_\_\_\_ Distilled Spirits Will this be a cash or complimentary bar? X Cash Complimentary Who will serve the beverages containing alcohol?

| Sample | Sampl Will there be a charge for admission? Yes X No In the last 12 months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? \_\_\_\_\_ Yes If so, explain: PLEASE USE REVERSE TO PROVIDE A DRAWING Applicant's Signature

## REPORT TO CITY CLERK SPECIAL DESIGNATED LICENSE APPLICATION

Police City Attorney	DATE: 5/3/02
Bureau of Fire Prevention	D/11L. 3/3/02
Health Dept.	RETURN BY: 6/03/02
CATERER	NON-CATERER X
APPLICANT: COREY FLETCHER DBA MAHONEY GOLF CO	URSE
APPLICANT'S ADDRESS: 7900 ADAMS LINCOLN NE 68507	
ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY INCLUDING DRIVING RANGE, PARKING LOTS, AND ALL I	
DATE(S) OF EVENT: AUGUST 3, 2002; RAIN DATE: 8/10/02	
TIME(S) OF EVENT: 8 AM TO 6 PM	
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DETAILS ON ATTACHED APPLICATION.	
RECOMMENDATION OF APPROVAL	OR DENIAL
APPROVED	
CONDITIONS	
DENIED	
REASON(S) FOR	
In tal #845	5-6-02
Signature	Date

(SDLRPT.JER)

#### ASE TYPE OR PRINT LICANT MUST COMPLETE LICCTIONS OF THIS FORM

### APPLICATION FOR SPECIAL DESIGNATED LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION P.O. Box 95046, Lincoln NE 68509 A123

A2-048971

### LL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

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All Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event
Complete and return THE ORIGINAL WITH A DUPLICATE to the Nebraska Liquor Control Commission
A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day
T LOCAL APPROVAL must be included with this application
control of the second police Chief or County Sheritt (question #12)
The National Cart Canada Atlanta Miles include a letter from the IKS declaring that the cui potation is exempt from payment of reacting
income taxes and corporation's federal income tax return, as then with the tax, or a statement (1 age 5) signed by an officer
of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS
1. Type of Beverage(s) to be served:  Beer
Public Public
— — — □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Comporation Corporation Museum Corporation Corporation Corporation Licensee Corporation
3. Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number  A-47231
(Cirv. State, County Number, Zip Code) And Class (Example C/K)
TORY FLETCHERL
Lincoln, NE 68507 MAHONEY GELF COURSE
4. Address or location of premises to be covered by license, (City, County Number, Zip Code)
SAME
5 to this PREMISE currently licensed under the Nebraska Liquor Control Act? YES NO
5. Is this PREMISE currently incensed mide: the Newsbar Endon Control 1981
6. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.
CORY FLETCHER SHO KNOX LINCOLN, NE 68504
7. Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when
it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuing that any applicable targets.
ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.
MORK ON SELL STAIN
ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.  CELL  Home  CORY FLERHER Q 402-441-6969 Q 402-540-1028 G 402-464-7461
8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)  SATURDAY AUGUST 3, 2002  PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:  AUGUST 10 2002
SATURDAY AUGUST 3,2002
DATURDAY POGUSI DIFFERENCE ZX 20 CM
PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:
August 10 2002
9. Time(s) of event (example 8am to 1am, this is considered one day)
FROM: 8.00 Am. TO: \$1.00 p.m.
the provided an experience of the state of t
Contract - Indiana Northeast Hack of Parke 1000 -
11. Provide an estimated number of attendees at this event 144. If the number of attendees is over 250 attach a separate page
indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.
12. PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVEL
IS APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IT WITH
ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR. for for for 168 (el. 843
13. List the number of SDL's that you have applied for at this specific location in the last six months. 0
13. Clast die membet of SDE 3 met Jon met approve set an entre proventiere de son entre proventi

4. Description of the premises:   Inside Building   Outdoor Area
Please draw in the space provided below, are 200
Dimensions of area to be covered by license: X WIDTH (In feet)
ENTIRE GOLF COURSE  INCLUDING DRIVING RANGE,  PARKING LOTS, AND ALL  Other (if other, please explain)
PARKING LETS, AND ALL FENCEO THE ALEAS If outdoor area, how will premises be separated from areas open to the general public?   FENCEO THE Other (if other, please explain)  YES   NO
If outdoor area, how will premises be separated from areas open to the games of the separated from areas open to the games of the separated from areas open to the games of the separated from areas open to the games of the separated from areas open to the games of the separated from areas open to the games open to the separated from areas open to the games open to the separated from areas open to the games open to the separated from areas open to the games open to the separated from areas open to the games open to the separated from areas open to the games open to the separated from areas open to the games open to the separated from areas open to the games open to the separated from areas open to the games open to the separated from areas open to the games open to the separated from areas open to the separated from
15 le the premises to be covered by the license located within the city/village limits.
15. Is the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the aged or indigent persons  16. Is the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the aged or indigent persons  or for veterans, their wives or children?
or for veterans, their wives or children (
17. Explain how alcoholic liquors will be purchased by the licensee. If purchased from a retail licensee, please give the name and license number.  DIRECTLY From Circent Wholesale Distributors (Local)  West Distributors (Local)
DIRECTLY FROM WILLIAM STEED LAWS?
18 Will the premises to be covered by the license comply with all Nebraska santation away and a santation away
EYES UNC
18. Will the premises to be covered by the newtone of the separate toilets for both men and women?
20. Other information or requests by the applicant:
21. Will there be any games of chance operating during the event? TYES SNO  NOTICE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of NOTICE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations. This is only an application for a Special gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations.  Designated License under the Liquor Control Act and is not a gambling permit application.  Designated License under the Liquor Control Act and is not a gambling permit applicant and that the statements made on this application are true.
Designated License under the Edges of the above named license applicant and that the Statement of every kind including policy
22. I declare that I am the authorized replacement to an investigation of my background including all records of any other
to the best of my knowledge and belief. I also constitute the Nebraska Liquor Control Commission, the Nebraska State I add to records. I agree to waive any rights or causes of action against the Nebraska Liquor Control. I further declare that the license applied for individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol.
records. I agree to waive any rights or causes of action against on the Nebraska State Patrol. I further deciate that the nebraska individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further deciate that the nebraska State Patrol. I further deci
will not be used by any other person, group, organization or corporation for profit of not be
will not be used by any other person, group, organization of the directly responsible to the holder of this Special Designated License.
sign Sign GOIF MOFTSINAL MANAY - 4 24 02
here Authorized Representative/Applicant
sign Survey Gruf Stown Maniacin 4 24 02
here
Supervisor
Supervisor  Superv

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

In Compliance with ADA, this form is available in other formats for persons with disabilities.

The Special Designated License process is not intended to be used as a means to expand the existing licensed premise. HALL OF FAME / BOSTER Club Scramble Name of Event: WE Applicant and Sponsoring Organization or Person (if applicable): Date of Event: AUGUST 3.2002 Time of Event: 8:00 Am. to 6:00 p.m. Has the applicant applied for and received liquor liability insurance? X Yes Number of persons expected to attend: \_\_\_\_\_\_\_ Number of persons under 21 expected: \_\_\_\_\_\_\_ No \_\_\_\_\_\_ No \_\_\_\_\_\_ No How will you ensure that minors will not be served or consume beverages containing alcohol: No MINORS WILL BE PARTICIPATIONS IF MINORS ONESENT FOR ALLANDS CEREMONY, FOOD : BELETINGS MANAGER ON CLUTY. Will food be served? X Yes No If yes, please list food to be served: (-energy SANDWICHES, HOT DOGS, CANDY, FRUIT, Course meni items! CHIPS, NACHOS Will non-alcoholic beverages be served: Yes No If yes, please list non-TEA, WATER, CELONAGE, POLIFICALD alcoholic beverages to be served: Pop Please identify the beverages containing alcohol that will be served: \_\_\_\_\_ Wine \_\_X\_\_ Beer \_\_\_\_\_ Distilled Spirits Will this be a cash or complimentary bar? X Cash Complimentary Who will serve the beverages containing alcohol? SANDOA Have the designated servers received responsible beverage service training? \_\_\_\_\_ Yes \_\_\_\_ Will there be a charge for admission? \_\_\_\_\_ Yes \_\_X \_\_No In the last 12 months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? \_\_\_\_ Yes X No If so, explain: PLEASE USE REVERSE TO PROVIDE A DRAWING

Applicant's Signature

## REPORT TO CITY CLERK SPECIAL DESIGNATED LICENSE APPLICATION

· · · · · · · · · · · · · · · · · · ·	
Police City Attorney Bureau of Fire Prevention	DATE: 5/3/02
Health Dept.	RETURN BY: 6/03/02
CATERER	NON-CATERER X
APPLICANT: COREY FLETCHER DBA MAHONEY GOLF CO	URSE
APPLICANT'S ADDRESS: 7900 ADAMS LINCOLN NE 68507	
ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY INCLUDING DRIVING RANGE, PARKING LOTS, AND ALL F	
DATE(S) OF EVENT: <b>JULY 14, 2002</b>	
TIME(S) OF EVENT: 8 AM TO PM	
TYPE OF ACTIVITY: GOLF TOURNAMENT	
DETAILS ON ATTACHED APPLICATION.	
RECOMMENDATION OF APPROVAL	OR DENIAL
APPROVED	
CONDITIONS	
DENIED	
REASON(S) FOR	
7 rs fab #843	5-6-02
Signature	Date

(SDLRPT.JER)

#### SETYPE OR PRINT LICANT MUST COMPLETE SECTIONS OF THIS FORM

### APPLICATION FOR SPECIAL DESIGNATED LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION P.O. Box 95046, Lincoln NE 68509

HUD

A2-048969

## LL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
All Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event
Complete and return THE ORIGINAL WITH A DUPLICATE to the Nebraska Education Committee
A license fee of \$40 (pavable to Nebraska Liquor Control Commission) for each day
T. LOCAL APPROVAL must be included with this application
A Signed Statement from Local Police Chief or County Sheriff (question #12)  NON PROFIT CORPORATION MUST include a letter from the IRS declaring that the corporation is exempt from payment of federal
NON PROFIT CORPORATION MUST include a letter from the TRS declaring that the IRS, or a statement (Page 3) signed by an officer income taxes, or a copy of the corporation's federal income tax return, as filed with the IRS.
of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS
Type of Beverage(s) to be served:  Beer
2 Status of the Applicant (check one)
☐ Municipal ☐ Political ☐ Fine Arts ☐ Fraternal ☐ Religious ☐ Charitable ☐ Retail ☐ Service
Comporation Museum Corporation Corporation Corporation Licensee Corporation
Name and Address of Composition Organization or Licensee obtaining license. If licensee, give license number
(City, State, County Number, Zip Code)  And Class (Example C/K)
Coru Fletcher
1900 Adams Lincoln, NE 6507 MAHONEY GOLF COUSE
Kinesin, Ne 00501 July France (City County Number 7 in Code)
4. Address or location of premises to be covered by license, (City, County Number, Zip Code)
SAME
5. Is this PREMISE currently licensed under the Nebraska Liquor Control Act? YES NO
6. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.
. Com Fletcher 5110 KNOX Lincoln, NE 68504
The state of the primary event supervisor, who will actually be present at the location of the event when
it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for endangering
ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.
1 TILL 0 400 AALAGU ( AALAGU ( AALAGU )
ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.  Cett  Ory Fletcher  A02-A41-8969  B. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)  AS DEA OFFICER
8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumptions)
School July 14, 2002 * AS PER OFFICER PSIE
PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:
8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)  Solvey 14, 2002 * AS PER OFFICER  PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:  9. Time(s) of event (example 8am to 1am, this is considered one day)
FROM: \$ 004 TO: \$1.00 0 M.
10. Describe the Type of Activity to be carried on during the time period for which the license is requested.
11. Provide an estimated number of attendees at this event 120. If the number of attendees is over 230 attaches separate page
indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.
12. PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVE
IS APPLICABLE. THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EXECUTION.
ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR. ON FUR FUSIER 843
13. List the number of SDL's that you have applied for at this specific location in the last six months. O

G(OER)	
14. Description of the premises:  Inside Building  Outdoor Area	
please draw in the space provided	below, the area where
Dimensions of area to be covered by license:  LENGTH WIDTH (In feet)	
Const Const	
Tale-10, NG DRIVING (LANGE)	
PARKING LOTS, AND ALL FENCED IN AREAS If outdoor area, how will premises be separated from areas open to the general public?     Fence   Tent   Other	(if other, please explain)
If outdoor area, how will premises be separated from the city/village limits?	YES NO
15 Is the premises to be covered by the license located within the city/village limits:	····································
15. Is the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the aged or for veterans, their wives or children?	or indigent persons  YES NO
or for veterans, tilen wives or come or	and license number
17. Explain how alcoholic liquors will be purchased by the licensee. If purchased from a retail licensee, please give the District From Connect Whoreface Distriction  18. Will the premises to be covered by the license comply with all Nebraska sanitation laws?	name and necipe name.
DIRECTLY FROM CONNENT WHOLESALE DISTILLISTON	YYES DNO
to would appropries to be covered by the license comply with all Nebraska sanitation laws?	
18. Will the premises to be do your	XYES DNO
18. Will the premises to be covered by the needs companies.  19. Are there separate toilets for both men and women?	
the applicant:	
20. Other information or requests by the applicant:	
21. Will there be any games of chance operating during the event? TYES ONO	sitted. All other forms of
21. Will there be any games of chance operating during the event? TYES NO  NOTICE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permandling are prohibited by State Law: There are no exceptions for Non Profit Organizations. This is only a gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations.	application for a Special
gambling are prohibited by State Law: There are no exceptions for Non Profit Organization.	11 11 11 11 11 11 11
gambling are prohibited by State Law: There are no exceptions for its analysis and analysis and its analysis analysis and its analysis and its analysis and its analysis and analysis and analysis and analysis and analysis and analysis and analysis analysis and analysis analysis and analysis analysis and analysis and analysis and analysis and analy	e on this application are due
22. I declare that I am the authorized represent to an investigation of my background including an record	ska State Patrol or any other
to the best of my knowledge and better. Taiso consent to an expension to the Nebraska Liquor Control Commission, the Nebraska I agree to waive any rights or causes of action against the Nebraska Liquor Control. I further declar individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declar individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declar individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declar	re that the license applied for
records. I agree to waive any rights or causes of action against on the Nebraska State Patrol. I further decial individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further decial individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further decial individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further decial will not be used by any other person, group, organization or corporation for profit or not for profit and that the event visit not be used by any other person, group, organization or corporation for profit or not for profit and that the event visit not be used by any other person, group, organization or corporation for profit or not for profit and that the event visit not be used by any other person, group, organization or corporation for profit or not for profit and that the event visit not be used by any other person, group, organization or corporation for profit or not for profit and that the event visit not be used by any other person, group, organization or corporation for profit or not for profit and that the event visit not be used by any other person.	will be supervised by persons
will not be used by any other person, group, organization or corporation for profit of not let y.	
will not be used by any other person, group, or garden License.  directly responsible to the holder of this Special Designated License.	- , ,
sign DISTREET CONFESSIONAL MANAGE	24/24/02
here Authorized Representative/Applicant	
sign (SURGIVAGA) GOLF MAGESTICNA MANAGE	Date U Ly DZ
hereTitle	
Supervisor  Superv	ithout the approval of the loc
license provided for by this section shall be issued by the Commission	the particular place for whi

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

In Compliance with ADA, this form is available in other formats for persons with disabilities.

The Special Designated License process is not intended to be used as a means to expand the existing licensed premise.

Name of Event: LMGA TRIPLE PLAY
Applicant and Sponsoring Organization or Person (if applicable):
Date of Event: July 14,2002 Time of Event: 8:00 Am TO 5p.M.
Has the applicant applied for and received liquor liability insurance? X Yes No
Number of persons expected to attend: Number of persons under 21 expected: No No
How will you ensure that minors will not be served or consume beverages containing alcohol:  Νο μινον ωπ κατισματική
Will food be served? X Yes No If yes, please list food to be served: General Course mens items: SANDWICHES, HOT DOGS, CANDY, FRUIT, CHIPS, NACHES
Will non-alcoholic beverages be served: X Yes No If yes, please list non-alcoholic beverages to be served: Pop TEA, WATER , CELONAGE, POWERAID
Please identify the beverages containing alcohol that will be served: WineX Beer Distilled Spirits
Will this be a cash or complimentary bar? X Cash Complimentary
Who will serve the beverages containing alcohol? SANDON BOOMSHAD CONFIDENCE I DUNG & State Have the designated servers received responsible beverage service training? X Yes No
Will there be a charge for admission? Yes _X No
In the last 12 months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? Yes
PLEASE USE REVERSE TO PROVIDE A DRAWING
Applicant's Signature 4/30/02
Applicant's Signature Date

## REPORT TO CITY CLERK SPECIAL DESIGNATED LICENSE APPLICATION

Police City Attorney	DATE: 5/3/02
Bureau of Fire Prevention	5//7
Health Dept.	RETURN BY <del>- 6/03/02</del>
CATERER	NON-CATERER X
APPLICANT: COREY FLETCHER DBA MAHONEY GO	OLF COURSE
APPLICANT'S ADDRESS: 7900 ADAMS LINCOLN NE	68507
ADDRESS OR LOCATION OF PREMISES TO BE COVER INCLUDING DRIVING RANGE, PARKING LOTS, AND	
DATE(S) OF EVENT: <b>JUNE 27, 2002</b>	
TIME(S) OF EVENT: 8 AM TO 9 PM	
TYPE OF ACTIVITY: GOLF LEAGUE/CUSTOMER AP	PRECIATION DAY
DETAILS ON ATTACHED APPLICATION.	
RECOMMENDATION OF APP	PROVAL OR DENIAL
APPROVED	
CONDITIONS	
DENIED	
REASON(S) FOR	
P// Have	5-6-02
Signature	

(SDLRPT.JER)

# ASE TYPE OR PRINT LICANT MUST COMPLETE SECTIONS OF THIS FORM

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### APPLICATION FOR SPECIAL DESIGNATED LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION P.O. Box 95046, Lincoln NE 68509

Hiel

A2-048968

### LL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

22 Lettern and the date of the event
All Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event
Complete and return THE ORIGINAL WITH A DUPLICATE to the Neoraska Liquor Condition Commission
A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day
TIOCAL APPROVAL must be included with this application
A Signed Statement from Local Police Chief or County Sheriff (question #12)  NON PROFIT CORPORATION MUST include a letter from the IRS declaring that the corporation is exempt from payment of federal
income taxes, or a copy of the corporation's federal income tax return, as filed with the IRS, or a statement (Page 3) signed by an officer
of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS
M - Distilled Spirite
Public
2. Status of the Applicant (check one)  Religious  Charitable Retail  Service
Composition Licensee Corporation
Corporation Corporation Wildscan
Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number (City, State, County Number, Zip Code)  And Class (Example C/K)
CON Flexure
7900 Adams
LINCOLD, NE 68507 MAHONEY GOTT COURSE
4. Address or location of premises to be covered by license, (City, County Number, Zip Code)
SAME
5. Is this PREMISE currently licensed under the Nebraska Liquor Control Act? YES NO
6. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.
or Haire and Hamess of Country of the Control of th
Cory Fleriter 5110 KNOX LINCOLN, NE 68504
has of the primary event supervisor, who will actually be present at the location of the event when
it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for original and approximation of the event
t' 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CEN FLERIER PAOZ-441-8944 @ 402-540-1028 . O 402-404-7461
8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
8. DATE(S) OF EVENT (If a Sunday, attach local Standay Sales Ordinalice and hours of Community Sales)
THURSDAY JUNE 27, 2007
PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:
9. Time(s) of event (example 8am to 1am, this is considered one day)
FROM: 8'004M TO: 9100 P M.
10. Describe the Type of Activity to be carried on during the time period for which the license is requested.
11. Provide an estimated number of attendees at this event 200. If the number of attendees is over 250 attach a separate page
indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.
12. PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVEL
12. PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY IS APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF THE
ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR. Per Forle 343
ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR. Per Forler 843
13. List the number of SDL's that you have applied for at this specific location in the last six months. 0
13. List life number of 3DL 5 that Journal approximation and a second se

Outdoor Area	
14. Description of the premises:   Inside Building Outdoor Area  Outdoor Area  Outdoor Area	ers
Please araw in the space P	ici c
Dimensions of area to be covered by license:  LENGTH WIDTH (In feet)	
ENTINE GOLF COURSE THOUSING DENING NAMES	
THEORY DENGINES	
PARKING LOTS, AND ALL FENCED IN AREAS If outdoor area, how will premises be separated from areas open to the general public?   Fence   Tent   Other (if other, please exposed of the premises open to the general public?   Fence   Tent   Other (if other, please exposed of the premises open to the general public?   Fence   Tent   Other (if other, please exposed of the premises open to the general public?   Fence   Tent   Other (if other, please exposed of the premises open to the general public?   Fence   Tent   Other (if other, please exposed of the premises open to the general public?   Fence   Tent   Other (if other, please exposed of the premises open to the general public?   Tent   Other (if other, please exposed open to the general public?   Tent   Other (if other, please exposed open to the general public?   Tent   Other (if other, please exposed open to the general public?   Tent   Other (if other, please exposed open to the general public?   Tent   Other (if other, please exposed open to the general public?   Tent   Other (if other, please exposed open to the general public?   Tent   Other (if other, please exposed open to the general public?   Tent   Other (if other, please exposed open to the general public?   Tent   Other (if other, please exposed open to the general public?   Tent   Other (if other, please exposed open to the general public?   Tent   Other (if other, please exposed open to the general public?   Tent   Other (if other, please exposed open to the general public?   Tent   Other (if other, please exposed open to the general public?   Tent   Other (if other, please exposed open to the general public?   Tent   Other (if other, please exposed open to the general public?   Other (if other, please exposed open to the general public?   Other (if other, please exposed open to the general public?   Other (if other, please exposed open to the general public exp	olain)
If outdoor area, how will premises be separated from areas open to the garden property of the license located within the city/village limits?	□ NO
Is also be provided to be covered by the license located within the city/village limits?	
15. Is the prefitses to do do the aged or indigent persons	
15. Is the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the aged or indigent persons or for veterans, their wives or children?	<b>X</b> NO
10. Is the premises to be considered?	
or for veterans, their wives of Children and the control of the co	umbar
a servil licenses, please give the name and necessor	
17. Explain how alcoholic liquors will be purchased by the licensee. If purchased from a relative Distribution (Local Distribution) (Local Distribution)	)
Charact WHOLESALE DISTILLISOIO	
VINECRY FROM CONTROL All Nabracka sanitation laws?	
18. Will the premises to be covered by the license comply with all Nebraska sanitation laws?	
DVE	SUNO
18. Will the premises to be covered by the noching to have a second of the second of t	
19. Are there separate to held to:	
20. Other information or requests by the applicant:	
21. Will there be any games of chance operating during the event? DYES DNO  21. Will there be any games of chance operating during the event? DYES DNO  21. Will there be any games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other is a property of the	orms of
21. Will there be any games of chance operating do my	Special
NOTICE: Only games of chance approved an exceptions for Non Profit Organizations.	
gambling are producted by State 22. Ask and is not a gambling permit apparent out.	n are true
Designated License under the Did to the phase named license applicant and that the statement kind including	ng police
72. I declare that I am the authorized representation of my background including an	any other
to the best of my knowledge and better. I am against the Nebraska Liquor Control Commission, and the light the light and the light the l	oplied for
records. I agree to waive any rights or causes of action against on the Nebraska State Patrol. I rurner deciate that the representation of the Nebraska State Patrol. I rurner deciate that the supervised by	y persons
individual releasing said information to the Education or corporation for profit or not for profit and that the event will be a seen and the event will be a seen	•
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In Compliance with ADA, this form is available in outer to the alternate format.	

The Special Designated License process is not intended to be used as a means to expand the existing licensed premise. Name of Event: MAHONEY GOLF CEABUE CUSTOMER APONELATION Applicant and Sponsoring Organization or Person (if applicable): Date of Event: THURSDAY JUE 27th 2000 Time of Event: 8:00 am To G-00pm. Has the applicant applied for and received liquor liability insurance? \_X\_ Yes No Number of persons expected to attend: \_\_\_\_\_\_ ZOO\_\_ Number of persons under 21 expected: LESS THAN 30 Is the event open to the public? X Yes No How will you ensure that minors will not be served or consume beverages containing alcohol: TRAINED Employees And Food Beverage MANAGEN ON DUTY AT ALL TINES. ID CHECKS FOR ALL PERSONS IN GOESTION. Will food be served? X Yes \_\_\_\_No If yes, please list food to be served: (-eneral Course mens items: SANDWICHES, HOTDOGS, CANDY, FRUIT, CHIPS, NACHOS Yes \_\_\_\_ No If yes, please list non-TEA , WATER , CELVINAGE , POWERAID Will non-alcoholic beverages be served: alcoholic beverages to be served: Pto Please identify the beverages containing alcohol that will be served: Wine X Beer \_\_\_\_ Distilled Spirits Will this be a cash or complimentary bar? X Cash Complimentary Who will serve the beverages containing alcohol? Have the designated servers received responsible beverage service training? Will there be a charge for admission? \_\_\_\_\_ Yes \_\_X No In the last 12 months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? Yes X No If so, explain: PLEASE USE REVERSE TO PROVIDE A DRAWING

Applicant's Signature

# SETT PE OR PRINT LICANT MUST COMPLETE . SECTIONS OF THIS FORM

### APPLICATION FOR SPECIAL DESIGNATED LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION P.O. Box 95046. Lincoln NE 68509

HOD

A2-048986

## LL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

All Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event
Complete and return THE ORIGINAL WITH A DUPLICATE to the Neoraska Eliquoi Control Control Control
. A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day
TIOCAL APPROVAL must be included with this application
A Signed Statement from Local Police Chief of County Sheriff (question 12)  NON PROFIT CORPORATION MUST include a letter from the IRS declaring that the corporation is exempt from payment of federal income taxes, or a copy of the corporation's federal income tax return, as filed with the IRS, or a statement (Page 3) signed by an officer
of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS
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Public Public
2. Status of the Applicant (check one)
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Composition Mitself Lordination Colouration Colouration
Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number  (City State County Number, Zip Code)  And Class (Example C/K)
(City, State, County Number, Zip Code) And Class (Example C/K)  Cary Flexcher
7900 Alans
Lincoln, NE 68507 MAHONEY GOLF COUSE
4. Address or location of premises to be covered by license, (City, County Number, Zip Code)
SAME
5. Is this PREMISE currently licensed under the Neorabka Endage Control 1741
<ol><li>Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.</li></ol>
1 C 1 (2850)
Con Fletcher 5110 KNOX Lincoln, NE 68504
7. Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when
it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for cristians and any approximately and are also as a second of the contacted by law enforcement before and during the event, and who is responsible for cristians and are also as a second of the contacted by law enforcement before and during the event, and who is responsible for cristians and are also as a second of the contacted by law enforcement before and during the event, and who is responsible for cristians and are also as a second of the contacted by law enforcement before and during the event, and who is responsible for cristians and are also as a second of the contacted by law enforcement before and during the event, and who is responsible for cristians and the contacted by law enforcement before and during the event.
ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.
Cory Fletcher 402-441-8969 @ 402-540-1028 402-464-7461
8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
AS DEL OFFICER FESTER
2000 14 1000 X X X
PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:
9. Time(s) of event (example 8am to 1am, this is considered one day)
8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)  School July 14, 2002 * As per officer  PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:  9. Time(s) of event (example 8am to 1am, this is considered one day)  FROM: \$ 0000 M.
10. Describe the Type of Activity to be carried on during the time period for which the license is requested.
10. Describe the Type of Activity to be carried on during the time period for which the license is requested.  10. Describe the Type of Activity to be carried on during the time period for which the license is requested.  11. Describe the Type of Activity to be carried on during the time period for which the license is requested.
11. Provide an estimated number of attendees at this event 12.C. If the number of attendees is over 250 attendees in the number of attendees is over 250 attendees in the number of attendees is over 250 attendees in the number of attendees at this event.
indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.
THE STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVE
IC ADDITION THAT TO CALL AW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EXECUTION
ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR. OK for Fisler 843
13. List the number of SDL's that you have applied for at this specific location in the last six months. O

CONTINUE ON BACK

FORM 35-4121 REV 9/00 PAGE 1

4. Description of the premises:  Inside Building  Outdoor Area	I halow the area where
please draw in the space provides	I delow, the most amore
timensions of area to be covered by license: X WIDTH (In feet)  quors will be sold and consumed.	•
C-15 GOLF COURSE	
INCLUSING DRIVING RAPINE,	
PARKING LOTS, AND ALL FENCED IN AREAS fourtdoor area, how will premises be separated from areas open to the general public?     Fence   Tent   Other	(if other, please explain)
f outdoor area, how will premises be separated from a car open within the city/village limits?	X YES □ NO
5. Is the premises to be covered by the license located within the city/village limits/	
16. Is the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the ageon or for veterans, their wives or children?	or indigent persons
or for veterans, their wives or children?	
il licensee, please give in	e name and necres nameds.
17. Explain how alcoholic liquors will be purchased by the licensee. If purchased from a retail itemset, produce the licensee. If purchased from a retail itemset, produce the licensee. If purchased from a retail itemset, produce the licensee. If purchased from a retail itemset, produce the licensee. If purchased from a retail itemset, produce the licensee. If purchased from a retail itemset, produce the licensee. If purchased from a retail itemset, produce the licensee. If purchased from a retail itemset, produce the licensee. If purchased from a retail itemset, produce the licensee. If purchased from a retail itemset, produce the licensee the licensee that licensee that licensee the licensee that licensee that licensee the licensee that licensee the licensee that licensee the licensee that licensee that licensee that licensee the licensee that licensee that licensee the licensee that licensee that licensee that licensee that licensee the licensee that licensee that licensee that licensee that licensee the licensee that licensee that licensee that licensee the licensee that licensee that licensee the licensee that licensee that licensee that licensee that licensee the licensee that licensee that licensee the licensee	¿ (LOCAL)
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18. Will the premises to be covered by the license comply with an inconduction	
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No. 100	
20. Other information or requests by the applicant:	
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21. Will there be any games of chance operating during the December of Revenue, Charitable Gaming Division are pen	mitted. All other forms of
21. Will there be any games of chance operating during the event? DYES DNO  NOTICE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are pen NOTICE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are pen	mitted. All other forms of a special application for a Special
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The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

In Compliance with ADA, this form is available in other formats for persons with disabilities.

The Special Designated License process is not intended to be used as a means to expand the existing licensed premise.

Name of Event: LMGA TRIPLE PLAY